•	*	e - Building or Use			Permit No:	Issue Date:	CBL:
	•	Tel: (207) 874-8703	, Fax: (207) 874-	8716	2014-02027		053 D007001
Location of Construction: 22 BRAMHALL ST		Owner Name: MAINE MED	Owner Name: MAINE MEDICAL CENTER		Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102		Phone:
Business	Name: I Way of Greater Portla	and					
Lessee/Buyer's Name Phone:			Pern		it Type:		Zone:
Erica Paradis		(207) 874-100	(207) 874-1000		ns, Banners and	C41	
Past Use	:	Proposed Use:	Proposed Use: Maine Medical Center		nit Fee:	CEO District:	
Maine	Medical Center	Maine Medica			\$0.00   \$0.00   3 INSPECTION:		
install		temporary wall banner	- Live United	_			
(Unite	d Way of Greater Portl	ana).		PEDESTRIAN ACTIVITIES DISTRICT (P.A.		( <b>P.A.D.</b> )	
				A	Action: Approved Approved w		ved w/Conditions Denied
				S	Signature:		Date:
Permit Taken By: dmc  Date Applied For: 09/04/2014				Zoning Approval			
1. T	his permit application d	loes not preclude the	Special Zone or I	Reviews	Zoi	ning Appeal	Historic Preservation
	pplicant(s) from meetirederal Rules.	ng applicable State and	Shoreland		☐ Variar	nce	Not in District or Landmar
	uilding permits do not i ptic or electrical work.	Wetland		Misce	llaneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Flood Zone		Condi	tional Use	Requires Review
			Subdivision		Interp	retation	Approved
			Site Plan		Appro	ved	Approved w/Conditions
			Maj Minor MM		☐ Denie	d	Denied
			Date:		Date:		Date:
I have i jurisdic	been authorized by the ction. In addition, if a paye the authority to ento	owner to make this appl permit for work describe	lication as his authord in the application	hat the orized a	proposed work agent and I agre aed, I certify th	ee to conform to at the code offic	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to
SIGNA	TURE OF APPLICANT		ADDRESS			DATE	PHONE
RESPO	NSIBLE PERSON IN CHAF	RGE OF WORK, TITLE				DATE	PHONE